

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N95000003177

**Entity Name:** CAMELLIA ACRES/GARDENS HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 10, 2019**  
**Secretary of State**  
**5234464134CC**

**Current Principal Place of Business:**

4954 WATER OAK DRIVE  
MARIANNA, FL 32446

**Current Mailing Address:**

4954 WATER OAK DRIVE  
MARIANNA, FL 32446 US

**FEI Number: 59-3343041**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SULLIVAN, LINDA C  
2510 WOODS VIEW DR.  
MARIANNA, FL 32446 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** LINDA C. SULLIVAN

03/10/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PENDERGRASS, ALICE P  
Address        2541 WOODS VIEW DR.  
City-State-Zip: MARIANNA FL 32446

Title            VICE PRESIDENT  
Name            HARRISON, CLAY VP  
Address        4944 WATER OAK DR.  
City-State-Zip: MARIANNA FL 32446

Title            TREASURER  
Name            SULLIVAN, LINDA T  
Address        2510 WOODS VIEW DR.  
City-State-Zip: MARIANNA FL 32446

Title            DIRECTOR  
Name            ALMAND, WALTER DR.  
Address        2530 WOODS VIEW DRIVE  
City-State-Zip: MARIANNA FL 32446

Title            DIRECTOR  
Name            KEASLING, LARRY DR.  
Address        2540 WOODS VIEW DRIVE  
City-State-Zip: MARIANNA FL 32446

Title            DIRECTOR  
Name            HARRISON, CLAY DR.  
Address        4944 WATER OAK DR.  
City-State-Zip: MARIANNA FL 32446

Title            DIRECTOR  
Name            ARGO, LORENA C. DR.  
Address        2514 WOODS VIEW DR.  
City-State-Zip: MARIANNA FL 32446

Title            SECRETARY  
Name            SHERRILL, NANCY  
Address        4954 WATER OAK DR.  
City-State-Zip: MARUANNA FL 32446

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LORENA C. ARGO

**DIRECTOR**

03/10/2019

Electronic Signature of Signing Officer/Director Detail

Date